

Foster Family Home - Deficiency Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA

Review ID: 1-512352-11

1740 Royal Palm Drive

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/29/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/29/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#5's APS/CAN/Fingerprinting lapsed on 4/15/2017 and no current results present in the CCFFH binder. HHM#6 without APS/CAN/Fingerprinting result present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence of confidentiality policies and procedures and client privacy rights training present in the CCFFH binder for HHM#5 and HHM#6.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(2)	Be a NA, an LPN, or RN;	
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.	
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	

Comment:

- 41.(a)(2)- CG#3's CNA license expired on 7/31/2020; no current renewal present in the CCFFH binder.
 41.(a)(3)- No Job Experience Form present in the CCFFH binder for CG#1.
 41.(b)(4)- Primary Caregiver Disclosure Form was not updated to reflect current household members of the CCFFH.
 41.(b)(7)- TB clearances lapsed for CG#1 on 4/25/2021, CG#2's lapsed on 4/24/2021, and CG#5's lapsed on 3/23/2021. All were without current results present in the CCFFH binder.
 41.(b)(8)- CG#2's CPR and First Aid certifications lapsed on 3/24/2021; CG#4's lapsed on 11/24/2020; and CG#5's lapsed on 3/24/2021. All were without current renewals present in the CCFFH binder.
 41.(b)(8)- Blood borne pathogen and infection control training certifications lapsed for CG#1 on 4/2/2021; CG#2's lapsed on 4/10/2021; CG#3's lapsed on 4/13/2019; CG#4's lapsed on 4/10/2021; and CG#5's lapsed on 4/10/2021. All were without current renewals present in the CCFFH binder. CTA noted that there were five Blood borne certificates in front of the CCFFH binder without names on them for a virtual/zoom session on January 28, 2021.
 41.(c)- CG#1 with 6 hours of annual in service training- short of 6 more hours; CG#5 with 4 hours of annual in service training- short of 4 more hours.
 41.(e)- No [REDACTED] Caregiver Approval Form present in the CCFFH binder for CG#4.
 41.(f)(1)- HHM#5's TB clearance lapsed on 4/24/2021 and no current renewal present in the CCFFH binder; HHM#6 without a TB clearance present in the CCFFH binder.
 41.(g)- No Basic Skills Checks present for CG#2, CG#4, and CG#5 in Client #1's chart.

Foster Family Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.	

Comment:

- 46.(a)- No completed monthly fire drills present from November 2020 thru March 2021.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile insurance policy lapsed on 9/26/2020. No current policy was present in the CCFFH binder.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- No daily visiting hours present in the CCFFH binder.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(3)- No community resource list was present in the CCFFH binder.

54.(c)(2)- No POA/Client's signature present in Client #1's Service Plan dated 11/24/2020.

54.(c)(5)- Medication discrepancies noted in Client #1's chart. There were two lifesaving medications that were not available during CTA's inspection.

Maribel Nakamine, R 5/2/2021
Compliance Manager Date
[Signature] 5/16/21
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Trinidad Lameg

(PLEASE PRINT)

CCFFH Address: 1740 Royal Palm Drive, Wahiawa HI, 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	HMM#5 removed HMM#6 APS/CAN placed in CCFFH binder	5-28-21	CG#1 to create spreadsheet to track all records to make sure they are up to date
16.(b) (5)	HMM#5 removed HMM#6 signature obtained and placed in CCFFH binder	5.11.21	CG#1 will report changes ASAP. CG#1 will provide training to all caregivers and household members when adding to home. Will use checklist to keep track of documents.
41.(a) (2)	CG#3' s current CNA License filed in CCFFH binder.	5.28.21	CG#3 current CNA license filed in CCFFH binder. CG#1 will double check license expiration dates by using spreadsheet.
41.(a) (3)	Job Experience Form filed in CCFFH binder.	5.28.21	CG#1 will double check that forms are in CCFFH binder by using checklist.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Trinidad Lameg

Date: 7/18/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Trinidad Lameg

(PLEASE PRINT)

CCFFH Address: 1740 Royal Palm Drive, Wahiawa HI, 96786

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (4)	CG#1 Disclosure Updated and filed in CCFFH binder	5.17.21	CG#1 will update disclosure form whenever there' s changes in household.
41.(b) (7)	Current TB for CG#1 4.19.21 filed in CCFFH binder Current TB for CG#2 filed in CCFFH binder Current TB for CG#5 filed in CCFFH binder	5-28-21	CG#1 will double check TB expiration dates by using spreadsheet.
41.(b) (8)	CG#2 current CPR/First Aid filed in CCFFH binder CG#4 current CPR/First Aid filed in CCFFH binder CG#5 current CPR/First Aid filed in CCFFH binder	5.29.21 5.29.21	CG#1 will double check CPR/First aid expiration dates by using spreadsheet.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Trinidad Lameg

Date: 7/18/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
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Chapter 11-800

PCG's Name on CCFFH Certificate: Trinidad Lameg

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CCFFH Address: 1740 Royal Palm Drive, Wahiawa HI, 96786

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (8)	Current BBP Infection Control for CG#1 filed in CCFFH binder Current BBP Infection Control for CG#2 filed in binder Current BBP Infection Control for CG#3 filed in CCFFH binder Current BBP Infection Control for CG#4 filed in CCFFH binder Current BBP Infection Control for CG#5 filed in CCFFH binder	6.24.21 5.5.21	CG#1 will double check BBP expiration dates by using spreadsheet.
41.(c)-	CG#1 current annual in service filed in CCFFH binder CG#5 current annual in service filed in CCFFH binder	4.29.21	CG#1 will double check in inservice expiration dates by using spreadsheet.
41.(e)-	CG#4 caregiver [REDACTED] Approval filed in CCFFH binder	4.29.21	CG#1 will file forms in an organized way by using labeled tabs.

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PCG's Signature: Trinidad Lameg

Date: 7/18/2021

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CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Trinidad Lameg

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CCFFH Address: 1740 Royal Palm Drive, Wahiawa HI, 96786

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(f) (1)-	HMM#5 TB removed HMM#6 TB filed in CCFFH binder	4.29.21	CG#1 will double check TB expiration dates by using spreadsheet.
41.(g)-	Basic Skills Checks for CG#2, CG#4, and CG#5 found and filed in Client's chart	5-28-21	CG#1 will contact CMA RN to perform delegation within 3 days of adding to home
46.(a)-	Monthly fire drills 11.21 thru 3.21 were filed in CCFFH binder	4.29.21	CG#1 will check that forms are in CCFFH binder and will file in a organized way.
47.(c)-	Medication list side effects filed in Client #1 chart.	4.29.21	In the future, CG#1 will have the clients medications side effect information available for all caregivers to refer to as needed.
51.(a) (2)-	Current Automobile insurance filed in CCFFH binder	4.29.21	CG#1 will check expiration date and renew prior to expiration date.
53.(b) (15)-	Visiting hours filed in CCFFH binder	4.29.21	CG#1 and all caregivers will adhere to the My Choice My Way in regards to visitation rights of clients



All items that were fixed are attached to this CAP

PCG's Signature: Trinidad Lameg

Date: 7/18/21



CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Trinidad Lameg

(PLEASE PRINT)

CCFFH Address: 1740 Royal Palm Drive, Wahiawa HI, 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(a) (3)	Community resources placed in CCFFH binder	4.29.21	CG#1 will place information of community resources for all caregivers to refer to as needed.
54.(c) (2)-	POA' s signature obtained and signed Service Plan was filed in Client #1' s chart.	4.29.21	CG#1 will follow up with clients CMA if signatures were obtained within 7-10 days of CG#1 receiving clients Service Plan.
54.(c) (5)-	Clarification obtained from MD on Client #1' s medications. MD' s written order filed in Client #1' s chart.	4.29.21	CG #1 and all caregivers will double check all new medications. If anything does not match, CMA RN, MD, and or pharmacy will be notified.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Trinidad Lameg

Date: 7/18/2021

☒ CTA has reviewed all corrected items